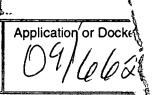
<b>PATENT</b>	APPLICATION	ON FEE DE	ETERMINA	TION	RECORD
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Effective December 29, 1999



CLAIMS AS FILED - PART   SMALL ENTITY OTHER (Column 1) (Column 2) TYPE OR SMALL													
FC	R		NUMBE	R FILED		NUMBER		P	RATE	FEE		RATE	
ВА	SIC FEE			, .	J				· ·	345.00	OR		690.00
ŢO	TAL CLAIMS		/	minus 2	0=	*		ŀ	X\$ 9=	<u> </u>		X\$18=	
INDEPENDENT CLAIMS 9 minus 3 = *									· · · · · · · · · · · · · · · · · · ·		OR		
	LTIPLE DEPEN		CLAIM PE						X39=		OR	X78=	
				XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	kilinaka 10; i				+130=		OR	+260=	
* If	the difference	in colu	ımn 1 is l	ess than ze	ro, e	enter "0" in c	olumn 2	<b>u</b> .	TOTAL		OR	TOTAL	1091
	CI	LAIM	S AS A	MENDED	- P	ART II	•		,		•	OTHER	И
			umn 1) AIMS			Column 2) HIGHEST	(Column 3)	. p	SMALL	ENTITY	OR "	SMALL	ENTITY
AMENDMENT A	:	REM Al	IAINING FTER NDMENT		Pf	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*		Minus	**1		<u>-</u>		X39=		OR	X78=	
опсиняни	FIRST PRESE	NTATIO	ON OF MU	JLTIPLE DEP	ENG	DENT CLAIM			+130=			+260=	
								Ĺ	TOTAL		OR	TOTAL	
				• •		_		4	DDIT. FEE		OR	ADDIT. FEE	
-			umn 1) -AIMS			Column 2) HIGHEST	(Column 3)				i 8		
AMENDMENT B		A	MAINING FTER NDMENT			NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*		Minus	**	*	=		X39=		0.0	X78=	
	FIRST PRESE	NTATIO	ON OF MU	JLTIPLE DEF	PEN	DENT CLAIM					OR	,,,,	
									+130=		OR	+260=	
								P	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
			lumn 1)			Column 2)	(Column 3)	2	• •				
AMENDMENT C		REM A	_AIMS MAINING FTER NDMENT		Pl	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*		Minus	**		=		X\$ 9= ·		OR	X\$18=	
ME	Independent	*		Minus	**	*	=		X39=			X78=	
4	FIRST PRESE	NTATIO	ON OF MU	JLTIPLE DEF	PENI	DENT CLAIM	Margan, Sp. Jr. W. Walter Special Sp.		V09=		OR	A/0=	\ <u>\</u>
	f the entry in colu	mn 1 ic	lace than th	ne ontry in octiv	mr ^	write "O" in se	lumn 2		+130=		OR	+260=	'!
**	if the "Highest Nu If the "Highest Nu If the "Highest Nu	mber Pr	eviously Pa	aid For" IN THIS	S SP.	ACE is less tha	n 20, enter "20.	." A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	₩ \\
	The "Highest Num	nber Pre	viously Pai	d For" (Total or	o or Inde	ependent) is the	nio, enter o. highest numbe	er fou	nd in the apı	propriate bo	c in col	lumn 1.	

## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: D9 402 174

## Total Fee Calculation

			•			
	Fee Code	Total # Claims	Number Extra X	Fcc	Fcc =	Total
	Sm./Lg.			Sm. Entity	Lg. Entity	150
Back Filing Fee	201/101	11				04
Total Claims >20	203/103	20	· x			
Independent Claims >3	202/102	-3-	x			<del></del>
Mult. Dep Claim Present	204/104			. ———		101-
Surcharge	205/105	•			<u> </u>	100
English Translation	139		. ,			
TOTAL FEE CALCUL	ATION				·	
Fees due upon filing t	the application:		Yho		÷	
Total Filing Fees Due	:= \$	<u> </u>				
Less Filing Fees Subr	nitted - \$	<u>(</u>	<u>P</u>			
BALANCE DUE	= S	<u> </u>	20			

Office of Initial Patent Examination